STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	205031	A. BUILDING **01** B. WING _____	**05/06/2025**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORONO COMMONS	**117 BENNOCH RD** **ORONO, ME 04473**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments Federal Recertification Survey Survey Date: 05/06/25 An annual federal survey was conducted on 05/06/25, in accordance with 42 Code of Federal Regulations, Part 483.73, Requirements for Long Term Care Facilities. During this annual federal Recertification survey, Orono Commons was found to be in substantial compliance with the requirements in Medicare and Medicaid with Emergency Preparedness.	E 000		
K 000	INITIAL COMMENTS Federal Recertification Survey: Date: 05/06/2025 An annual federal survey was conducted on 05/06/25, in accordance with 42 Code of Federal Regulations, Part 483.90 (a-d), Requirements for Long Term Care Facilities. During this annual federal Recertification survey, Orono Commons was found not to be in substantial compliance with the requirements in Medicare and Medicaid with physical environment.	K 000		
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of	K 161		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 161	Continued From page 1 stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observations, the Nursing Facility failed to ensure that the building construction type meets the requirements of 19.1.6.1 of NFPA 101, Life Safety Code, 2012 edition, minimum construction type requirement for a two story health care.	K 161		

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K 161	Continued From page 2 Findings: Based on observation, on 05/06/2025 between 9:00 AM and 1:00 PM, Surveyor 39983, in the presence of the Administrator, Sr. Maintenance Director, and Maintenance Assistant, the following was not met: 1. Upon further inspection of the building framing, it was found by the same parties that the wall, floor/ceiling and roof framing is unprotected wood. Although the building has a full sprinkler system meeting NFPA 13, a two story building of Type V (000) construction is not permitted. There is no rated separation between the lower level and main level of the building and therefore the lower level would be considered part of the main building occupancy under Chapter 19 Existing Healthcare. By definition of Level of Exit Discharge, 3.3.83.1, the lower level would be considered the Level of Exit Discharge. This finding was verified by the Administrator, Sr. Maintenance Director, and Maintenance Assistant at the time of the observation.	K 161		
K 371 SS=D	Subdivision of Building Spaces - Smoke Compar CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier.	K 371		

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K 371	Continued From page 3 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors. This REQUIREMENT is not met as evidenced by: Based on observations, the Nursing Facility failed to ensure the smoke barrier per NFPA 101, Life Safety Code, 2012 edition 8.5.1, Where required by Chapters 11 through 43, smoke barriers shall be provided to subdivide building spaces for the purpose of restricting the movement of smoke. Findings: Based on observation, on 05/06/2025 between 9:00 AM and 1:00 PM, Surveyor 39983 in the presence of the Sr. Maintenance Director, the following was not met: 1. The one hour smoke barrier above the ceiling in the attic space located between the Riverview Unit and Homestead Unit has a penetration with a 3" sprinkler pipe with approximately a 4" diameter penetration that has not been fire stopped. Smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier, or by use of a combination thereof. This finding was verified by the Sr. Maintenance Director at the time of the observation.	K 371		